



**RIVERSIDE PUBLIC LIBRARY**  
**APPLICATION/AGREEMENT FOR USE OF A COMMUNITY ROOM**

Organization \_\_\_\_\_  
requests permission to use a meeting room at the Library as follows:

DATE(S)	TIME	ESTIMATED ATTENDANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Purpose of meeting: \_\_\_\_\_

Will an entry fee be charged? \_\_\_\_\_ Will refreshments be served? \_\_\_\_\_ Will there be a craft project undertaken? \_\_\_\_\_

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND WILL ABIDE BY THE RULES AND REGULATIONS OF THE LIBRARY, AND ANY SPECIAL REQUIREMENTS FOR THE USE OF THIS MEETING ROOM, AND THAT ANY FEES PAID WILL BE REFUNDED ONLY IF THE LIBRARY IS NOTIFIED OF OUR CANCELLATION AT LEAST 48 HOURS BEFORE THE SCHEDULED EVENT.

THE UNDERSIGNED AGREES TO DEFEND, INDEMNIFY AND HOLD COMPLETELY HARMLESS THE CITY OF RIVERSIDE, ITS OFFICERS, EMPLOYEES AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITIES, LOSSES, EXPENSES, CLAIMS, CAUSES OF ACTION, JUDGMENTS, FINES OR DEMANDS ARISING BY REASON OF INJURY OR DEATH OF ANY PERSON OR DAMAGE TO ANY PROPERTY, OF ANY NATURE WHATSOEVER ARISING OUT OF OR INCIDENT TO THE USE OR OCCUPANCY OF ANY LIBRARY MEETING ROOM BY THE ORGANIZATION NAMED ABOVE ON THE DATES REQUESTED ABOVE OR ON ANY OTHER DATES APPROVED FOR LIBRARY MEETING ROOM USE BY SUCH ORGANIZATION IN THE FUTURE, UNLESS SUCH INJURY, DEATH OR DAMAGE IS CAUSED BY THE SOLE NEGLIGENCE OF THE RIVERSIDE PUBLIC LIBRARY. I FURTHER ATTEST THAT I AM AUTHORIZED TO ACT OFFICIALLY ON BEHALF OF THE ORGANIZATION APPLYING FOR USE OF THE ROOM.

Signature: \_\_\_\_\_ Name (print) \_\_\_\_\_

Address \_\_\_\_\_ Phone: Area Code ( \_\_\_\_ ) \_\_\_\_\_

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**Library Staff Only**

Fees Required: \_\_\_\_\_ Paid: \_\_\_\_\_ Due: \_\_\_\_\_ Received by: \_\_\_\_\_

Check # \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Application Received: \_\_\_\_\_ In Person \_\_\_\_\_

By Phone \_\_\_\_\_ By FAX \_\_\_\_\_ By Mail \_\_\_\_\_ Initials \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

DATE ORGANIZATION NOTIFIED OF DECISION: \_\_\_\_\_

